

PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	2	Application Number	10/716,739
		Filing Date	November 18, 2003
		First Named Inventor	PANDIAN
		Art Unit	1641
		Examiner Name	Counts, G.W.
		Attorney Docket Number	A-1789-div

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply (5 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Postage-paid return postcard
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Stout, Uxa, Buyan & Mullins, LLP		
Signature			
Printed name	Jennifer Rosenfield		
Date	August 18, 2006	Reg. No.	53,531

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Jennifer Rosenfield	Date	August 18, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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Docket: A-1789div

AFI/644
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Application of:
Pandian et al.

Confirmation No.: 6774

U.S. Serial No: 10/716,739

Examiner: Gary W. Counts

Filed: 11/18/03

Group Art: 1641

Customer No.: 33197

For: METHODS AND KITS FOR DETECTING ITA IN A BIOLOGICAL SAMPLE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTICE OF APPEAL

Sir:

Applicants hereby appeal to the **Board of Patent Appeals and Interferences** from the decision dated May 18, 2006 of the Examiner finally rejecting claims 23, 24, and 42-44.

The items(s) checked below are appropriate:

1. ☐ An extension of time of ___ month to respond to the final rejection:
 - a. ☐ was obtained on __ for __ month(s).
 - b. ☐ is hereby requested under 37 CFR 1.136.
2. ☒ Notice of Appeal fee amount \$ 500.00 .
☒ Applicants request any extension of time necessary to respond.
 - a. ☐ Enclosed
 - b. ☒ Authorization to charge above fees and any deficiency or credit any overpayment to Deposit Account Number 13-5135 .

08/23/2006 FMTEK11 00000002 135135 10716739

01 FC:1401 500.00 DA

August 18, 2006
4 Venture, Suite 300
Irvine, CA 92618
phone: 949-450-1750

Respectfully submitted,

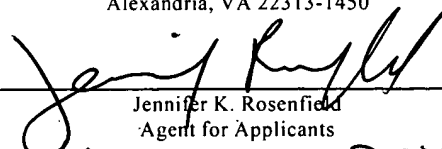

Jennifer Rosenfield
Attorney for Applicant; Reg. No. 53,531

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Jennifer K. Rosenfield
Agent for Applicants

Date: _____

August 18, 2006
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